


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90008 002 ***158.75

DOCUMENT # P99000054471			
1. Entity Name PILAR COUNTRYSIDE ENTERPRISES, INC.			
Principal Place of Business 5005 WESLEY DRIVE TAMPA, FL 33647 US		Mailing Address C/O ERNEST L. MASCARA, PA 475 CENTRAL AVENUE, SUITE M8 ST. PETERSBURG, FL 33701 US	
2. Principal Place of Business 9903 Lone Tree Lane		3. Mailing Address 9903 Lone Tree Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33618	Country	Zip 33618	Country
6. Name and Address of Current Registered Agent MASCARA, ERNEST L KRESS BUILDING, SUITE M-8 475 CENTRAL AVENUE ST. PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name Lorenzo S. Bongolan Street Address (P.O. Box Number is Not Acceptable) 9903 Lone Tree Lane City Tampa FL Zip Code 33618	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Lorenzo S. Bongolan</i> LORENZO S. BONGOLAN 2/11/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BONGOLAN, LORENZO S 5005 WESLEY DRIVE TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Bongolan, Lorenzo S. 9903 Lone Tree Lane Tampa, Florida 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <i>Lorenzo S. Bongolan</i> LORENZO S. BONGOLAN 2/11/04 813-968-6778 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <small>Daytime Phone #</small>	

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02112004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3582150 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required